

## A Survey about Children Newly Enrolled in North Carolina Health Special Supplement for Parents of Teenagers and Preteens

1.	In the six months before your son got NC Health Choice, has your son needed mental health or substance abuse services? (circle one)										
	1.	)	/es	(	Ο.	no	₽	If no, stop	here and ret	turn this page with your blue questionnaire.	
2.	Where do you usually take your son for mental health or substance abuse care?										
	1.	. I couldn't find a place to take my son If no services used, skip to question 4									
	2.	. community mental health center or substance abuse program									
	3.	private mental health or substance abuse provider									
	4.	·									
	5.	•									
			/es		Dut D.		oula no	ot get it? (circl	,	turn this page with your blue questionnaire.	
4.	Why could you not get mental health or substance abuse care for your son?										
	1.	my son did not have insurance that would pay for the care									
	2.	I did not have enough money to pay for the care									
	3.	I	I could not find a mental health or substance abuse provider who would see him								
	4.	I did not have transportation									
	5.	the office or clinic wasn't open at a convenient time									
	6.	other (please describe)									
	0.	•	ouiei (þ	uitas(	e ue	SUIDE				_	

## **Statement of Confidentiality**

The information that you provide is confidential. The number at the top of this page allows us to keep track of surveys as they are returned so we do not send it to you again. We will not share any information that would help identify you. That includes your name and address. We will only use that information to help us organize our study. We will combine your answers with those from other parents who fill out the survey. We will report results for groups of children but will not report individual results for your child, for you or for your family.